Data Dictionary

This dictionary has been compiled to encourage consistency in terminology used by CMHCs, all departments of KDMHMRS, and UK Research and Data Management Center (RDMC). Definitions for specific Human Resources, Client and Event fields may be found in the Data Set Guide. This document is designed to cover terms other than field definitions and/or further explanations of the table fields.

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Term to be Defined	Definition and Notes
Accuracy	A field is accurate if it contains a code that is valid for that field. A Data Submission is accurate if ALL fields considered for accuracy have less than 5% invalid codes. (inaccurate fields / total fields considered)
Accurate / Complete / Correct	A field is accurate if it contains a code that is valid for that field. A field is complete if it contains an accurate code OTHER THAN Unknown/Not Collected. A field is correct if the code in the record's field truly matches the clients demographic.
Adolescent	A client whose age at the time of service is equal to or greater than 13 years and equal to or less than 17 years.
Adult	A client whose age at the time of the service is equal to or greater than 18 years.
Age	Determine by the difference (in months, divided by 12) between the birth date of the client and the date of the service. NOTE: this means that some clients may be included in more than one age category in some populations.
Bond	A legal engagement in writing to fulfill certain conditions.
Case Management	This brings services, agencies, resources or people together to help an individual achieve his or her goals.
Center	CMHC (Community Mental Health Center) (same as Region)
Child	A client whose age at the time of the service is equal to or less than 12. NOTE: for some indicators, child and adolescent populations may need to be combined.
Client	An individual who has received a service or been in contact with a center. NOTE: very few clients (even status 2 clients) are entered in the system without a service.
Co-Dependent / Collateral	A client who is seeking help due to a relationship with a substance abuser. In this case, the client may not be a user.
Completeness	A Data Submission is complete if ALL fields required to be complete contain 95% or more valid codes other than Unknown / Not Collected. Each field is considered separately, but the failure of a single field results in the failure of that Data Submission (incomplete count / total records considered for the field)
Correct	A field is correct if the code in the record's field truly matches the clients demographic. (i.e. if the code says male and the client is male. This can be determined ONLY through an audit.)
Deaf	The presence of a significant hearing loss which impairs someone's practical use of auditory communication for daily communication. According to the National Association of the Deaf, "'Deaf' refers to those who are unable to hear well enough to rely on their hearing and use it as a means of information."
Deaf and Hard of Hearing	This population includes clients who are either deaf OR hard of hearing
Demographic Fields	Unless further defined in this table, the definition in the latest Data Submission Guide is considered appropriate. Most demographic fields in the Client Data set are copies of the Federal definitions of these fields and taken from the TEDS requirements (SA reporting under HHS). NOTE: beginning with fiscal year 2003, historical client data was retained, thus care must be taken, when deciding the client selection, whether the client was in the population at any time during the fiscal year, or in the population at the time of the service, or in the population at the end of the fiscal year. (i.e. pregnant women would be any time during the fiscal year while education would be the highest grade completed at the end of the fiscal year.)
Department	KDMHMRS (Kentucky Department of Mental Health, Mental Retardation Services)

Diagnosis Codes	ICD-9 codes. In the Event data set, up to four codes which refer to the problem being treated by the service. In the client data set, they indicate the clinicians' assessment of the client's problems. Axis I diagnoses are Clinical Disorders / Conditions; Axis II are Mental Retardation and Personality Disorders; Axis III are General Medical Conditions. All fields may be blank EXCEPT Axis I, Diagnosis 1 which must contain a valid ICD-9 code or "000.00". These fields should be updated at the completion of a treatment plan or as other symptoms are discovered.
Diagnostic	To die without believing in anything
DMHMRS Modifier	This is a Department developed code that defines in more detail the event / service provided. See Appendix E.
Drug Type Code	The client's top (one, two or three) substance abuse problem(s) at the time of admission. If the client has a substance abuse diagnosis, this field is required. NOTE: These fields should be updated during the client's treatment program.
Event	A single service or episode of care provided to a client. NOTE: an event may include more than one Unit of Service, but generally does not exceed more than a single day.
Family Residential Programs	These offer a variety of therapeutic activities provided in an environment where an individual and her children reside 24 hours a day.
Frequency of Use	How often the client admits to using the applicable drug (primary, secondary, tertiary) at the time of admission. NOTE: These fields should be updated during the client's treatment program.
HCPCS Procedure Code	This is the HCPCS (Healthcare Common Procedure Classification System) or CPT (Current Procedural Terminology) or Medicaid service code used to describe the service.
Hispanic Origin	The client's identification of his/her Hispanic background. Code zero if not of Hispanic origin.
ICD9 Code	International Classification of Disease, 9th edition. Five character codes (six positions include decimal) of all currently recognized medical and behavioral health problems. See Appendix "F"
Incentive	Something that incites or has a tendency to incite to determination or action.
Incite	To put in motion; to move to action; spur or urge on.
Intensive Outpatient	This is a comprehensive program of individual and group counseling. Intensive outpatient programs range from 6-12 hours per week, and are typically offered 2-4 days per week.
IV Drug User	A client who has **EVER** used drugs intravenously.
Marital/Relational Status	The client's marital/relational status using the US Census categories. NOTE: Clients whose only marriage was annulled are considered "1-Single / never married"
Mental Health Client	A client who has an DSM IV Axis I or Axis II Mental Health Diagnosis or comparable ICD9 code (ICD9 code). NOTE: this definition is based solely on Client data set information and NOT on services provided. This includes clients with VALID status 2, but does NOT include other status 2 clients.
Mental Retardation Client	A client who has an Axis I or Axis II Diagnosis code (ICD-9 code) that is coded as a Mental Retardation diagnosis. NOTE: this definition is based solely on Client data set information and NOT on services provided.
Narcotic Treatment Programs	These use approved controlled substances for opiate replacement therapy and offers a range of treatment services for individuals dependent on opiate drugs.
Non-medical Detoxification	This involves supervised withdrawal from alcohol or other drugs and an assessment of the individual's need for further care. A recommendation for further care can result in a referral to an appropriate program.
Organization	see Provider site
Outpatient Programs	These include individual, marital, family or group therapy.
Place of Service	The location where the service occurred, not to be confused with the Provider / site which is the CMHC "primary work site" of the professional providing the service.
Population, Census	Based on the Federal Census of 2000
Population, Served	The number of unduplicated clients who were reported by the center and the reported fields met the indicated criteria. NOTE: in most cases, only clients who received a service during the time period would be considered.
Population, Targeted	Based on the number of potential clients that fit the designated indicator as agreed upon by the Center and appropriate KDMHMRS department
Primary Diagnosis	This is the DSM-IVR or ICD-9 code indicating the main focus of the client's treatment. It should be updated as the focus changes and MUST be in one of the Axis diagnosis fields

Provider / site	The location of the "primary work site" of the staff member providing the service. (i.e. schools, client's home, etc are NOT considered "provider sites").
Race	Based on the code in the "Race" field in the Client data set. NOTE: only about 2.6% of Kentucky's population is NOT classified as either White or Black per the 2000 federal census.
Rendering Professional	The ID of the individual who provided the service to the client and is either direct or contract employee of the center. The Human Resources data set (should) contains the needed demographic information for each center employee.
Residential Programs	These include a variety of therapeutic activities provided in an environment where an individual resides 24 hour hours a day. Residential programs for adults range from 2-4 weeks. Adolescent residential programs are typically several months in length.
Residential Transitional Programs	Also known as "half-way houses," these are long term residential programs in which the primary focus is assisting the individual obtain employment and adjust to community life.
Rural Counties	Kentucky counties that have been defined by MH as rural. By default, all other counties are Urban counties. NOTE: the census has stopped defining counties as urban / rural and instead have a complicated definition of urban or rural "areas". MH has used this definition and other criteria to determine which counties fit the Rural definition.
Service	see Event
Service from Date	The date (MMDDYYYY) on which the service / event began. NOTE: since most service recorded are for a duration of 24 hours or less, the service from and service to dates are generally the same.
Service to Date	The date (MMDDYYYY) on which the service / event ended. NOTE: since most service recorded are for a duration of 24 hours or less, the service from and service to dates are generally the same.
Source of Pay	The organization(s) that will compensate the center for providing the service. Up to three may be entered for each service, but the first MUST be the expected source of the majority of the payment.
Special Program Indicator Program Code	A code indicating the program under which the service falls.
Status 1 Clients	Clients who meet the following criteria should have a treatment plan and be classified as Status 1 clients: 1) clients with more than 7 days between the first and last service or 2) clients with more than 5 services or 3) clients with more than 10 services within 60 days or 4) clients who average more than 1 service per month
Status 2 Clients	Clients who have been 'seen' by a center, but have no treatment plan yet. While most of these clients will have received a service, only a minimum of demographics are required for this level of client. Clients who receive JUST the following services may be classified as "valid" Status 2 clients: '04','06','24','25','70','73','74','83'
Substance Abuse Client	All clients who had a service with one of the following DMHMRS Modifiers ('03', '34', '35', '36', '41', '42', '53', '63', '70') OR clients with a SA diagnosis AND who had a service with a modifier = ('01', '10', '20', '50', '51', '52') NOTE: Clients with Status = 2 are included.
Timeliness	A Data Submission meets this standard if it is available to be processed on or before the required date. Client and Event data submissions are required by the last day of the month following the month for which the data is submitted (i.e. March data is due by the end of April). NOTE: Human Resource Data Submissions are NOT required monthly, therefore, no timeliness is checked for HR Submissions.
Unduplicated Clients	Each client is counted only once per summary. NOTE: if the same client is served in multiple regions, he will be counted in all regions, but only ONCE for the state total.
Unit of Service - 1 Client Day	A client day shall begin at midnight and end 24 hours later. A part-day of admission shall count as a full day.
Unit of Service - 1 Client Hour	A client hour shall start when a face-to-face contact starts and shall end 60 minutes later for the initial unit. Beyond the initial unit, less than thirty (30) minutes shall be rounded down; thirty minutes or later shall be rounded up. Example: Actual time 1 hour and 20 minutes = 1 hour.
Unit of Service - 1 Staff Hour	A staff hour shall start when the service begins and shall end 60 minutes later for the initial unit. Beyond the initial unit, less than thirty (30) minutes shall be rounded down; thirty minutes or more shall be rounded up.

Unit of Service - 1/4 Client Hour	A client quarter hour shall start when a face-to-face contact starts. For those services where a unit of service is 15 minutes, the time may be rounded up or down. An initial unit of service less than 15 minutes may be billed as one unit. Beyond the initial unit, service times less than half the unit shall be rounded down; service time equal to or greater than half the unit shall be rounded up. Example: 20 minutes equals one unit. 25 minutes equals two units.
Unit of Service - 1/4 Staff Hour	A staff quarter hour shall start when the service begins. For those services where a unit of service is 15 minutes, the time may be rounded up or down. An initial unit of service less than 15 minutes may be billed as one unit. Beyond the initial unit, service times less than half the unit shall be rounded down; service time equal to or greater than half the unit shall be rounded up.
Unit of Service - Case Management - Adult	A unit of service shall be one month; for a billable service to have occurred, at least 4 service contacts shall have occurred. Two of the contacts shall be face-to-face with the client. The other two contacts many be face-to-face or by telephone with or on behalf of the client.
Unit of Service - Case Management - Child	A unit of service shall be one month. For a billable service to have occurred, at least 4 service contacts shall have occurred. Two of the contacts shall be face-to-face with the client; at least one of these contacts shall be with the child and the other shall be with the family, parent(s), or person in custodial control. The other two contacts many be face-to-face or by telephone with or on behalf of the child.
Units of Service	The "number" of services provided during the time covered by the Event (or service) record. See Appendix E.

NOTE: In all definitions, the "Garbage-in, garbage-out" rule applies. The information submitted to the Human Resources, Client and Event data sets is accepted as correct. A field within the data set is accurate if it contains a code that is valid for that field. Example: The system cannot verify that the client is male or female, only that a correct code (male / female) has been entered. The correct code then is considered "accurate" and the fact that the client is male is "correct". It is the responsibility of the centers to insure the highest degree of correctness and completeness when submitting data.